

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194647

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Cody Hand

Signature of Treasurer

Mr. Cody Hand

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">49771.65</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">49771.65</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">40425.15</span>	<span style="border: 1px solid black; padding: 2px;">40425.15</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">90196.80</span>	<span style="border: 1px solid black; padding: 2px;">90196.80</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">61000.00</span>	<span style="border: 1px solid black; padding: 2px;">61000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">29196.80</span>	<span style="border: 1px solid black; padding: 2px;">29196.80</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7566.60	7566.60
(ii) Unitemized .....	32858.55	32858.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	40425.15	40425.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40425.15	40425.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40425.15	40425.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40425.15	40425.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	61000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61000.00	61000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61000.00	61000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40425.15	40425.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40425.15	40425.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended Report 1 Filed to correct a double entry on the disbursement page. The original timely filed report indicated a negative balance due to a double entry of \$61,000.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. James E. Hauge**

Mailing Address 4800 Rhythm Drive

City State Zip Code  
 Apex NC 27539-5789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 North Carolina Hospital Association

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 21000437**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen Lawler**

Mailing Address 3905 Cantata Drive

City State Zip Code  
 Greenville NC 27858-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vidant Medical Center

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : 21000441**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Ms. Millie Harding**

Mailing Address 1113 Pearson Farms Road

City State Zip Code  
 Apex NC 27502-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 North Carolina Hospital Association

Occupation  
 Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : 21000473**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. J. William Bill Paugh FACHE**

Mailing Address 501 Mill Road

City State Zip Code  
 Goldsboro NC 27534-8976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : 21000509**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. William Mahone**

Mailing Address 703 Stoney Brook Drive

City State Zip Code  
 Roanoke Rapids NC 27870-3167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Halifax Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 21000623**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. G Raymond Leggett III**

Mailing Address 2312 Crestview Drive

City State Zip Code  
 New Bern NC 28562-9060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinaEast Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 12 / 2013

**Transaction ID : 21000659**

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

825.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey S Miller**

Mailing Address 408 Hillcrest Drive

City

High Point

State

NC

Zip Code

27262-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

High Point Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : 21000689**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy Timothy Rice**

Mailing Address 4600 Jefferson Wood Court

City

Greensboro

State

NC

Zip Code

27410-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cone Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : 21000705**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jimm Bunch**

Mailing Address 2275 Majestic View Court

City

Hendersonville

State

NC

Zip Code

28791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Ridge Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2013

**Transaction ID : 21000783**

Amount of Each Receipt this Period

666.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1266.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin W Sowers RN, MSN, F**

Mailing Address 1022 Homer Street

City

Durham

State

NC

Zip Code

27707-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2013

**Transaction ID : 21000961**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Denise B. Mihal RN, BSN, M**

Mailing Address 1085 Sea Bourn Way

City

Sunset Beach

State

NC

Zip Code

28468-4820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Novant Health

Occupation

Sr. VP/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2013

**Transaction ID : 21000987**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Currin**

Mailing Address 211 Travis Lane

City

Gibsonville

State

NC

Zip Code

27249-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alamance Regional Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 15 / 2013

**Transaction ID : 21001073**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandra Danoff**

Mailing Address 7506 Trevanion Avenue

City

Pittsburgh

State

PA

Zip Code

15218-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Hospital

Occupation

SVP Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2013

**Transaction ID : 21001149**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Henry Hawthorne III**

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472-8949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Regional Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2013

**Transaction ID : 21001289**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. Dr. Ronald A. Paulus M.D.**

Mailing Address 62 Beadle Lane

City

Asheville

State

NC

Zip Code

28803-8907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2013

**Transaction ID : 21001293**

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Ms. Jill Hoggard Green**

Mailing Address 12 Dayflower Drive

City

Asheville

State

NC

Zip Code

28803-9618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : 21001329**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis J Phillips**

Mailing Address 4310 - 4th Street Circle NW

City

Hickory

State

NC

Zip Code

28601-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 29 / 2013

**Transaction ID : 21001351**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Joann Anderson**

Mailing Address P O Box 1508

City

Lumberton

State

NC

Zip Code

28359-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 30 / 2013

**Transaction ID : 21001489**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

960.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 13 OF 16  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Mike Stevenson**

Mailing Address 1711 Mission Road

City	State	Zip Code
Murphy	NC	28906-3776

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Murphy Medical Center

 Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2013

**Transaction ID : 21001587**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard E Hudson FACHE**

Mailing Address 3313 Queensferry Drive, NW

City	State	Zip Code
Wilson	NC	27896-9302

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Wilson Medical Center

 Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2013

**Transaction ID : 21001629**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. Ms. Phyllis A Wingate**

Mailing Address 6005 Willowood Road

City	State	Zip Code
Kannapolis	NC	28081-6702

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Carolinas Medical Center-NorthEast

 Occupation  
 Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2013

**Transaction ID : 21001707**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

585.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey N Sackrison FACHE**

Mailing Address 1004 Quail Run

City

Edenton

State

NC

Zip Code

27932-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vidant Bertie Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : 21001737**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul S Franz**

Mailing Address 1320 Fillmore Avenue, Unit 413

City

Charlotte

State

NC

Zip Code

28203-5895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2013

**Transaction ID : 21001889**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Linwood Jones**

Mailing Address 4501 Eliot Place

City

Raleigh

State

NC

Zip Code

27609-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

**Transaction ID : 21001973**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Hugh H. Tilson Jr.**

Mailing Address 1305 College Place

City

Raleigh

State

NC

Zip Code

27605-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

Transaction ID : 21001981

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

7566.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. AHAPAC-American Hospital Association Federal PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2013

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2013 Federal PAC contribution

011
Category/ Type

**Transaction ID : 20680491**

Amount of Each Disbursement this Period

61000.00
----------

Candidate Name

**AHAPAC-American Hospital Association Federal PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

2013 Federal PAC contribution

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61000.00
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61000.00
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